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Social representations of community health agents about prostate cancer*

Representações sociais de agentes comunitários de saúde acerca do câncer de próstata

Las representaciones sociales de los agentes comunitarios acerca del cáncer de próstata salud

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ABSTRACT

Objective: To analyze the social representations of community health workers about prostate cancer.

Method: This is a field research, qualitative and exploratory approach, based on the Social Representation Theory.

We used a questionnaire and semi-structured interview and the content analysis technique. **Results:** Categories about prevention, screening, predisposition and medical assistance of prostate cancer were summarized. The prevention suggests positive dimension knowledge. **Conclusion:** The representation, however, was strictly biomedical. Participants should recognize themselves as active agents in promotion of health.

Descriptors: Prostate Cancer, Social Perception, Community Health Agents.

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RESUMO

Objetivo: Analisar as representações sociais de agentes comunitários de saúde acerca do câncer de próstata. **Métodos:** É uma pesquisa de campo, de abordagem qualitativa e caráter exploratório, baseada na Teoria das Representações Sociais. Utilizou-se um questionário, uma entrevista semiestruturada e a técnica de análise de conteúdo. **Resultados:** Sumarizaram categorias sobre prevenção, rastreamento, predisposição e assistência médica relacionada ao câncer de próstata. A prevenção sugere uma dimensão de conhecimento positiva. **Conclusão:** Houve, contudo, uma representação estritamente biomédica. Os participantes devem se reconhecer como agentes ativos na promoção da saúde.

Descritores: Câncer de Próstata, Percepção Social, Agente Comunitário de Saúde.

RESUMEN

Objetivo: Este estudio es analizar las representaciones sociales de los trabajadores sanitarios de la comunidad sobre el cáncer de próstata. **Método:** Campo de búsqueda, enfoque cualitativo y exploratorio, basado en la Teoría de las Representaciones Sociales. Se utilizó una técnica de cuestionario, entrevistas semiestructuradas y análisis de contenido. **Resultado:** que resume las categorías de prevención, detección, la predisposición y la asistencia médica relacionada con el cáncer de próstata. Prevención sugiere un conocimiento positivo dimensión. **Conclusión:** Sin embargo, hubo una representación estrictamente biomédica. Los participantes deben ser reconocidos como agentes activos en la promoción de la salud.

Descriptores: Câncer de Próstata, La Percepción Social, Agente Comunitario de Salud.

INTRODUCTION

Cancer is a cluster of cells with disordered growth that determines the formation of tumors whose malignancy can reach the tissues and organs and spread to other regions of the body in a process called metastasis¹.

Prostate cancer has been affecting the health of men, whose struggle is difficult for the man himself, his relatives, professionals involved and society. In this type of cancer, malignant cells invade the prostate and constitute a serious public health problem, with high incidence and mortality rates, being the second most common type of cancer among men, surpassed only by the skin, thus corresponding one of the main causes of death, reaching the male population aged over 40 years².

It is important to emphasize that 1.1 million men were diagnosed worldwide with prostate cancer in 2012, being an occurrence of almost 70% of cases in developed regions³.

In Brazil, there were an estimated 68,800 new cases of prostate cancer and a greater involvement among men in all areas of the country. High rates were found mainly in the South, Southeast and Center-West regions. In Paraíba, 930 new cases were registered for 100 thousand inhabitants. João Pessoa already had 220 cases diagnosed⁴. In the municipality of Santa Rita, the mortality rate for prostate cancer was 11.88% for 100,000 inhabitants⁵.

It is worth mentioning that the magnitude of chronic diseases, specifically neoplasias, is a reality to be faced at different levels of health care. Thus, with regard to prostate cancer, there are some challenges that health professionals deal with in the context of prevention and treatment.

There is a reluctance of men regarding prostate screening, and therefore, primary care professionals should guide them and increase adherence to health services. This facilitates the detection and early treatment of this type of cancer, reducing mortality from the disease⁶.

Within the scope of the Family Health Strategy (FHS), health actions include the participation of several professionals who must act in the perspective of integrality and health promotion. In this context, Community Health Agents (CHA) play a key role in strengthening relationships with community members. Study⁷ proves that the attributions of CHAs within the ESF can be actions of: prevention and health promotion; Union between health service and users and monitoring and rehabilitation.

Therefore, in the present research, it is justified the need to know the opinions or knowledge of the ACS about prostate cancer, due to the relevance of the health of the man in the context of the basic attention, as well as the low adhesion of the men in the prevention activities and self-care.

It is known that these professionals have a close relationship with the community and establish greater proximity to the users in their residences and in the interaction processes between patient, family and professionals. This characterizes the relevance of research based on social representations.

As for social representations, it consists of a theory of social psychology that comes from people or groups that, through the discourse of conversation and collaboration, are circulating, discovering, attracting and diverting in our everyday world. In this perspective, all cognition, motivation, and behavior exist only if they have repercussions, once the meanings of the objects are shared in the same language⁸.

Social representations can be defined as a form of common-sense knowledge and are directly related to the way people interpret or translate the knowledge conveyed in society⁹.

Faced with the explicit, the present study points out the following guiding question: What are the social representations of the Community Health Agents about prostate cancer?

In this sense, the study aimed to analyze the social representations of the Community Health Agents about prostate cancer.

METHODS

It is a field research, exploratory, descriptive, with a qualitative approach. It was developed in two units of the family health strategy of the municipality of Santa Rita, Paraíba, Brazil.

A form with sociodemographic data was used as instrument of data collection. Regarding the characterization of the participants, as well as a semi-structured interview, with questions related to knowledge and prevention about prostate cancer.

The studied universe comprised the ACS acting in the ESF, constituting a sample of 15 participants. The inclusion criteria were: those ACS with professional activity in the minimum period of six months, who were effectively working in the same neighborhood where the ESF is located. Participants with work time of less than six months in the function performed during vacations and who refused to participate in the survey were excluded.

The data were analyzed between September and October of 2015, arranged in tables and presented in simple frequency and percentage. To do this, the information about the variables listed, such as: gender, age, marital status, religion, schooling and professional data were grouped in Word document and Excel spreadsheet.

After this step, the thematic categorical content analysis technique proposed by Bardin¹⁰ was used, which enabled the SCA discourse to be evaluated. It is important to emphasize that the orientation of this research was based on social representations, since it enabled a reflection and interpretation of the content addressed, in order to meet the proposed objective.

In order to preserve the identity and privacy of the interviewees, a code of identification was established for each of the subjects, aiming at their anonymity, in which the first ACS to participate in the interview was called ACS 1, the second ACS 2 and, consecutively until The fifteenth and last interviewee, totaling fifteen study subjects. This work was approved by the Ethics Committee of a Higher Education Institution, with CAAE nº 45021715.1.0000.5176.

RESULTS AND DISCUSSION

Socio-demographic profile of participants

For a better understanding of the profile of 15 ACS from ESF, proceeded to the characterization of the same, where the demographic data will be presented as: gender, age and marital status.

Regarding gender, the female prevailed with 87% of the professionals investigated. The most significant age group is between 41 and 50 years of age, represented by 47% of ACS. As for marital status, 53% state that they are married.

A study¹¹ corroborates these data, which shows a higher number of CHA women (92%) aged 30 to 49 years. Another research is consistent with this perspective, since the majority of the workers were married, ranging in age from 30 to 42 years old and, in addition, they had completed high school¹².

It is worth emphasizing that some factors may be able to influence the performance of the agents in the exercised function, such as the marital status and the fact of having or not children to take care of. The status of single or non-established family is usually associated with being younger and having more time to devote to studies and work¹³.

Regarding marital status, it is worth mentioning the permanence of the patterns established by the patriarchal society, in which the woman behaves and behaves related to the care, either with the children or even with the other members of the family. Such a positioning, in the case of a community health agent, may affect the way she interacts with the women of the families under her care¹⁴.

Regarding the academic outline of the professionals in the study, 67% of the ACS have high school and 27% have completed higher education. As for the time of performance, it predominated between 11 to 15 years of profession, that is, 60% of respondents. Study¹² showed that the duration of ACS activities ranged from 2 to 18 years.

According to Law 11.350 of October 2006, to be ACS does not need to have previous knowledge in the health area, because there is training on the function they perform and constant supervision of the nurse working in the UBS. They must have completed elementary education and the basic qualification course for their training offered by the Ministry of Health¹⁵.

In view of this, it is fundamental to know the time and professional experiences of these workers, since it can contribute significantly in the empirical basis on the diseases that affect the population, especially prostate cancer.

Research reveals that most CHAs have a high school education level and half of them have been working for more than five years in this profession, predominantly in the urban area, which may influence access to higher education, which has been found to be 32, 2% of participants started or finished 3rd grade¹³.

Based on these indicators, in general, the sample analyzed in the present study converges with the recommendations of the Ministry of Health for the work of these workers, who must have resided for at least two years in the working community; Be at least eighteen years old, able to read, write and have full-time availability to carry out their activities¹⁵.

Regarding the qualification of these professionals, 87% reported that there is a lack of continuing education, mainly focused on the health of the man. However, it is clear that, while recognizing the importance of having knowledge about prostate cancer, respondents may present limitations to perform preventive or health promotion actions effectively.

It should be emphasized that permanent education is an important strategy that aims at a constant improvement in

the quality of health actions and services and transforms the work process through a critical reflection on the practices of the FHS teams; And comprehensive learning based on community knowledge, skills, attitudes and values. This tool facilitates the resolution of identified problems in the areas¹⁶ (ALVES et al., 2014).

Regarding the empirical data of this study, the social representations were evidenced through the workers' discourses. For that, the analysis of thematic content was proposed by Bardin, which allowed the elaboration of the following categories: Prostate cancer prevention: an alert; Screening for prostate cancer: feelings and attitudes; Predisposition to prostate cancer; Medical care: preventive and therapeutic approach.

Prostate cancer prevention: an alert

In the present study, the prevention of prostate cancer was relevant and the majority of the workers related the disease to the age, which, around the age of 40, is the most vulnerable period to acquire the pathology and, consequently, the most adequate to perform the disease exam. This fact can be a reflection of the knowledge obtained in the professional formation and experiences lived by the ACS, as produced in the statements below:

What I know about prostate cancer is that one should do the prevention from the age of 40, have to take the exam not only the blood plus the touch and often men are afraid and afraid to do. (ACS 2)

Prostate cancer, we know it's in men. Men have to make prevention go to the doctor from the age of 40. And today you have the blood test that you did not have before, only had the touch. Today you have two options [...] (ACS 3)

Cancer is a tumor that affects the urinary tract of man. Have to do the prevention from the age 40, take the rectal examination, the blood test. If the blood changes the rectal touch is done. (ACS 12)

With regard to the prevention of prostate cancer, the Brazilian Society of Urology recommends that from the age of 50 the male population should seek to prevent prostate cancer. However, those who are of the black race or first degree kinship who had or have cancer should start prevention at the age of 40¹⁷.

In the context of social representations, it is known that they consist of understanding the characteristics of how people analyze, share, and represent their knowledge among a group about a given object or event, and thus constitute actions about their everyday realities¹⁴.

Such representations, in the Moscovician view, are measures of socially elaborated information with a view to the interpretation of a common reality of a social group⁸. In the case of ACS, the representations are manifested through

professional practices and practices, based on customs and daily habits, which are the basic elements for building the profession.

In the community, social representation can be evidenced by health education, which had a positive impact, as pointed out by the study carried out with employees of a company in which the level of knowledge about some diseases, among them prostate cancer, showed a significant improvement after lectures by health professionals and revealed greater awareness of the importance of prevention and adoption of healthy lifestyle habits¹⁸.

In general, it was observed that the participants of the study on screen expressed prostate cancer in the sense of prevention in health, considering that, in view of the social environment that have been inserted since the 90's, among its basic attributions are : Prevention and promotion of the health of society.

In this section, it is observed that the interviewees recognize the need for prevention suggesting a dimension of positive knowledge about the disease.

Prostate Cancer Screening: Feelings and Attitudes

Regarding the screening of prostate cancer, the testimonies of the ACS explain how complicated it is to persuade men to adhere to preventive actions, which reflects in attitudes and feelings about the subject:

[...]Men have shyness to do the touch and prefer to do the blood. But we know that the exact same thing is the touch, which says precisely the size of the prostate. (ACS 3)

Prostate cancer, as its name says, affects the man's prostate, but he has to be careful to do the tests, but they have prejudice. (ACS 4)

[...]For the sake of shame, he is afraid to take the exam out of ignorance as well. So they die with this cancer because they did not know how much early. (ACS 5)

[...]Because it's usually this way he does not want to do it, they run [...]. (ACS 1)

The words "fear", "fear", "prejudice", "shyness" and "they run" face the aforementioned lines, the latter being a connotation of escape, a reality that is part of the social context of users, showing Situations of low demand for men, especially when it comes to prostate cancer.

In this approach, research¹⁹ reveals that men were partially distant from health services because of the prejudice, fear, machismo, thoughts and actions previously formed that prevent them from seeking prevention of prostate cancer and, if necessary, even the efficient treatment.

It should be noted that the health and disease process has different biopsychosocial repercussions and, in social perceptions, it reflects how people behave in society and see themselves as part of it²⁰. In the case of prostate cancer, the male population thinks that the repercussions of the disease can affect the masculinity, violating the virility of the man.

There are causes that interfere in the man's search for health services, such as: ignorance, resistance to rectal examination, cultural issues, prejudice, delay in care, lack of time and fear²¹. However, in considering the rights of men to health in basic health care, the National Policy on Comprehensive Health Care for Man (PNAISH), launched in 2008, aims to stimulate self-care and attract this population to care, and obtain greater Adherence to methods of disease prevention, health promotion and education, thus decreasing the number of morbidity and mortality²².

Facing this view, the need for effective intervention of health professionals is evident, and ACS is an important member of the ESF team due to its proximity to the community and the trust and friendship established with the users, as exemplified by follow:

[...]This also comes from the time of the ACS in the area, since it has to have intimacy and trust with them. Because they are shy, but we advise to take the exams. (ACS 5)

[...]Even a friendly talk they like, he trusts us, and it comes from a long time. Because cancer patient gets depressed, so I'm going to convert, I'm always on hand. (ACS 13)

As for the link between ACS and the user, the relationships of affection and trust built over time allow the deepening of co-responsibility for health, permanently and based on health interventions and approach to users²³.

In this way, ACS are fundamental for the expansion of basic prevention and education actions directed to the diverse health problems of the population, among them prostate cancer²⁴.

In this area, from the point of view of social representations, the presence of affective dimensions and negative attitudes is notorious, the latter being related to the prejudice that suggests the male resistance in investigating the disease by conventional methods.

Predisposition to prostate cancer

The predisposition of cancer revealed by professionals brings in fact a scientific knowledge, acquired during the training and through the fellowship with other members of the ESF team, according to speeches below:

I believe it to be heredity, your lifestyle as many are smokers or was, did a lot of extravagance in the past, drinks and do not care about health. (ACS 6)

It can be linked to lifestyle, the issue of not being prevented, is not taking care periodically. Or someone in the family who has had, because that counts a lot, is more predisposed to have. (ACS 9)

Sometimes it is already hereditary of family, since already has a probability of having the cancer. Other cases are due to bad customs such as the use of drugs, drinks, unhealthy food among others. (ACS 11)

By the hereditary part, food, lifestyle, lack of physical activity, smoking, drink. (ACS 12)

In relation to the risk factors for the development of prostate cancer, the following stand out: increasing age; Family predisposition in men whose father or brother was previously diagnosed with the disease; And excessive diet in red meat and lipid-rich products²⁵.

Thus, the preventive approach directed at the health of users of a given community, demonstrates the work profile of the interviewees, even with the limitations of information inherent in the subject.

Research indicates that some risk factors such as race, old age and heredity, as well as specific behaviors and behaviors: smoking, sedentarism, hypercaloric food intake, red meat and alcoholism may influence the attainment of prostatic carcinoma²⁶.

It is noteworthy that adherence to healthy habits may reduce cancer progression and early prevention of prostatic carcinoma is based on the search for asymptomatic men for preventive measures such as rectal examination and prostate specific antigen (PSA)²⁰.

Medical care: preventive and therapeutic approach

In the present study, the preventive and therapeutic approach to prostate cancer produced by ACS is associated with the current biomedical model, as explicit in the statements below:

First go to the doctor, follow what the doctor orders, otherwise the disease worsens. Many people go to the doctor but do not follow what he goes through (ACS 12).

We ask men in their 40s to seek the doctor to take the exam at least once a year (ACS 14).

It is to look for the doctor, to do the exams and it is always doing the medical accompaniment (ACS 8).

Finding a doctor, taking the rectal exam and the Psa, plus the main one is the touch exam (ACS 13).

[...]Then he does not seek the doctor and when he does is already the disease advanced (ACS 7).

The aforementioned statements show that the meanings about prostate carcinoma are possibly the result of the reality experienced by the workers of this research, which expresses the doctor's figure as the main professional of the ESF capable of solving the problems of the community.

In this context, it is of the utmost importance to understand that one of the fundamental purposes of the ESF is focused on teamwork and, for this to happen, there must be professional respect among all components of the group and that the other health professions are not submissive to the medical category¹⁶.

The work dynamics of the ACS in the ESF permeate several phases of health care, from enrollment to the return of a hospitalization.

Research emphasizes the relevance of these workers in public health from various functions, such as: identification of the main health problems of the community, collaborating to the most effective action of the health services, according to the demands; Of family conditions, their problems, desires and desires that can solidify a community health diagnosis, favoring the planning of actions²⁷.

Given the above, it is considered that, through the home visit, the ACS should record the data collected and maintain an effective communication with the ESF team members. In this way, it is possible to discuss the possibilities of care and to plan strategies according to the real needs of the users. In addition, it allows the monitoring of the health situation of families, especially those at risk¹⁶.

In this study, it should be emphasized that, although there is a biomedical conception, which may be a reflection of the experiences lived in the work environment or emerged from the common and technical sense, which prioritizes health care in preference to that provided by the other representatives of the ESF multiprofessional team. Only two ACS voiced the importance of the nurse's role in the prevention of prostate cancer, according to the following statements:

The joints are like this, when it is passed from the secretary of health some warning to the PSF to do the action, the nurse communicates to us and we do the actions.
(ACS 9)

Take to send to a specialist, is always in communication with the PSF team the doctor, the nurse to do a better job.
(ACS 15)

From this perspective, it is evident the nurse's role in health promotion, in strengthening the actions of the ESF to effectively track the disease, conferring a higher quality of care.

The nurse, with its specific attributions and scientific knowledge, strengthens the quality of life of men such as: prevention of prostate cancer, guidelines, problem identification and resolution, adapting an environment to change thinking and behavior, adhering to care the health¹⁹.

In view of the explicit, in the present research, it was possible to synthesize the positive and negative dimensions of the social representations produced by the ACS about prostate cancer, as shown in Table 1.

Regarding the satisfactory dimensions of social representations, the interviewees' knowledge about prostate cancer projects the reality they face, based on individual and collective experiences. Given this, it is noticed that the ACS have adequate knowledge about the preventive methods and the risk factors to acquire the disease.

To that end, these meanings corroborate the idea that they may be specific to individual and behavioral knowledge of individuals, characterizing a group that presents and constructs a reality⁸.

Despite the positive aspects highlighted, it was observed that the social representations of the disease were characterized in a negative way, since the interviewees did not recognize the relevance of their skills and assistance skills that are of great value for the promotion of the health of the men,

Quadro 1 – Dimensions of social representations produced by ACS about prostate cancer screening, prostate cancer predisposition, and medical care. João Pessoa-PB, Brazil, 2015

Positive dimensions of social representations
• Representation of prostate cancer in a dimension of knowledge regarding the prevention and predisposition to the disease.
• Need for effective interventions of health professionals.
• Assistance possibilities and strategies planning according to the real needs of the users.
• Recognition of information limitations inherent to the theme.
Negative dimensions of social representations
• Representation of the preventive and therapeutic approach of prostate cancer associated with the current biomedical model.
• Highlighting male prejudice and resistance in investigating the disease by conventional methods.
• Perception of the doctor's figure as the main professional of the FHS capable of solving the problems of the community.
• Minimal emphasis on the role of nurses in the prevention of prostate cancer in the context of basic care.

especialmente na detecção de usuários em situações de risco para o desenvolvimento do câncer de próstata.

Tais representações podem ser atribuídas ao que a sociedade interpreta sobre a prevenção e o tratamento de doenças, em uma abordagem biomédica, que influencia a construção das representações dos participantes do estudo.

Deve-se enfatizar que os ACS são fundamentais para os atores sociais no cuidado primário, já que, através da visita domiciliar, eles conhecem as reais necessidades dos usuários e assumem suas funções, o que possibilita identificar indivíduos e famílias em situações de risco²⁸.

Além disso, sabe-se que o cuidado em saúde deve ocorrer por meio de procedimentos individuais e coletivos, cujas interações entre as pessoas, permitem a troca de conhecimentos e informações necessárias para melhorar a qualidade de vida dos usuários, a partir de ferramentas da ciência e/ou empírica²⁹.

Considerando o exposto, a centralidade biomédica verificada nesta pesquisa denota a visão consensual compartilhada pelos indivíduos que produzem as representações e conferem especificidade ao objeto representado de acordo com a realidade³⁰.

CONCLUSÃO

Os dados empíricos desta pesquisa evidenciaram que, em geral, os ACS representaram o câncer de próstata em uma dimensão de conhecimento sobre a prevenção e a predisposição à doença. Tais representações são satisfatórias e estão associadas à base técnica-científica da formação profissional.

No entanto, os participantes demonstraram fragilidades no assunto com inferência biomédica estrita, que superestima o cuidado preventivo e terapêutico, focando na doença e no seu tratamento.

Frente a isso, os ACS devem ter domínio da informação sobre o câncer de próstata e seu caráter social, o que interfere diretamente na saúde do homem pela dificuldade de aderir aos métodos preventivos, como o toque retal e os exames laboratoriais.

Neste contexto, é necessário que esses profissionais reconheçam a si mesmos como agentes ativos na promoção da saúde integral e fundamentais para o compartilhamento de informações e o acolhimento dos usuários.

A dimensão de afeto e atitude expressa nesta pesquisa, cujas representações, influenciadas pelo senso comum e pela realidade cotidiana, foram expressas de maneira negativa, devido às dificuldades dos homens em buscar serviços de saúde e aderir às práticas preventivas.

Como limitações do estudo, a necessidade de expandir os dados epidemiológicos sobre o câncer de próstata foi destacada. O estudo também busca empoderar os ACS no contexto da promoção da saúde humana, especialmente com alta magnitude de problemas como o câncer de próstata.

Acredita-se que, embora esta produção científica tenha sido desenvolvida em uma pequena área geográfica, com peculiaridades de gestão da saúde, ela é uma diretriz para novos estudos em outros locais, envolvendo vários profissionais de saúde, em diferentes cenários de desempenho.

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